

Analysis and comment

Health education

What social marketing can do for you

Getting patients to adopt healthier behaviour can feel like an uphill struggle. One way to improve your success may be to use commercial strategies for influencing consumers. W Douglas Evans looks at the evolution of social marketing in health care while Gerard Hastings and Laura McDermott examine strategies in practice

How social marketing works in health care

W Douglas Evans

Social marketing applies commercial marketing strategies to promote public health. Social marketing is effective on a population level, and healthcare providers can contribute to its effectiveness.

What is social marketing?

In the preface to *Marketing Social Change*, Andreasen defines social marketing as “the application of proven concepts and techniques drawn from the commercial sector to promote changes in diverse socially important behaviors such as drug use, smoking, sexual behavior . . . This marketing approach has an immense potential to affect major social problems if we can only learn how to harness its power.”¹ By “proven techniques” Andreasen meant methods drawn from behavioural theory, persuasion psychology, and marketing science with regard to health behaviour, human reactions to messages and message delivery, and the “marketing mix” or “four Ps” of marketing (place, price, product, and promotion).² These methods include using behavioural theory to influence behaviour that affects health; assessing factors that underlie the receptivity of audiences to messages, such as the credibility and likeability of the argument; and strategic marketing of messages that aim to change the behaviour of target audiences using the four Ps.³

How is social marketing applied to health?

Social marketing is widely used to influence health behaviour. Social marketers use a wide range of health communication strategies based on mass media; they also use mediated (for example, through a healthcare provider), interpersonal, and other modes of communication; and marketing methods such as message placement (for example, in clinics), promotion, dissemination, and community level outreach. Social marketing encompasses all of these strategies.

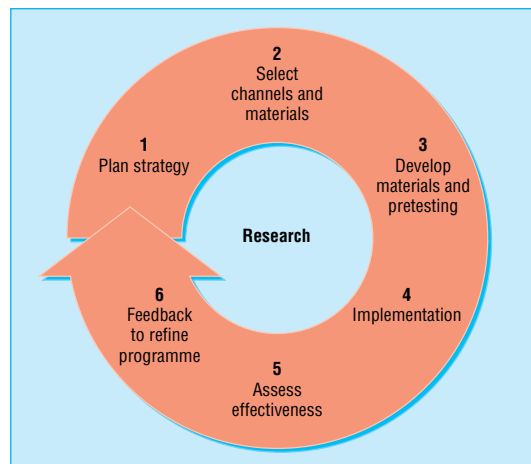


Fig 1 Social marketing wheel

Communication channels for health information have changed greatly in recent years. One-way dissemination of information has given way to a multimodal transactional model of communication. Social marketers face challenges such as increased numbers and types of health issues competing for the public's attention; limitations on people's time; and increased numbers and types of communication channels, including the internet.⁴ A multimodal approach is the most effective way to reach audiences about health issues.⁵

Figure 1 summarises the basic elements or stages of social marketing.⁶ The six basic stages are: developing plans and strategies using behavioural theory; selecting communication channels and materials based on the required behavioural change and knowledge of the target audience; developing and pretesting materials, typically using qualitative methods; implementing the communication programme or “campaign”; assessing effectiveness in terms of exposure and awareness of the audience, reactions to messages, and behavioural

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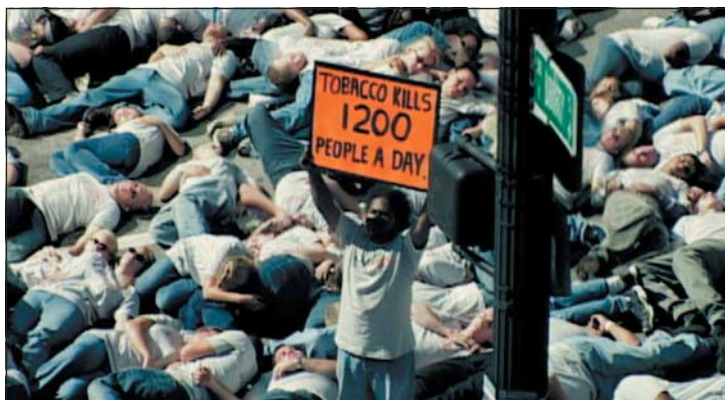


Fig 2 Image used in the American Legacy Foundation's Truth antismoking campaign aimed at young people

outcomes (such as improved diet or not smoking); and refining the materials for future communications. The last stage feeds back into the first to create a continuous loop of planning, implementation, and improvement.

Audience segmentation

One of the key decisions in social marketing that guides the planning of most health communications is whether to deliver messages to a general audience or whether to "segment" into target audiences. Audience segmentation is usually based on sociodemographic, cultural, and behavioural characteristics that may be associated with the intended behaviour change. For example, the National Cancer Institute's "five a day for better health" campaign developed specific messages aimed at Hispanic people, because national data indicate that they eat fewer fruits and vegetables and may have cultural reasons that discourage them from eating locally available produce.⁶

The broadest approach to audience segmentation is targeted communications, in which information about population groups is used to prepare messages that draw attention to a generic message but are targeted using a person's name (for example, marketing by mass mail). This form of segmentation is used commercially to aim products at specific customer profiles (for example, upper middle income women who have children and live in suburban areas). It has been used effectively in health promotion to develop socially desirable images and prevention messages (fig 2).

"Tailored" communications are a more specific, individualised form of segmentation. Tailoring can generate highly customised messages on a large scale. Over the past 10-15 years, tailored health communications have been used widely for public health issues. Such communications have been defined as "any combination of information and behavior change strategies intended to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest, and derived from an individual assessment."⁷ Because tailored materials consider specific cognitive and behavioural patterns as well as individual demographic characteristics, they are more precise than targeted materials but are more limited in population reach and may be more expensive to develop and implement.

Media trends and adapting commercial marketing

As digital sources of health information continue to proliferate, people with low income and low education

will find it more difficult to access health information. This "digital divide" affects a large proportion of people in the United States and other Western nations. Thus, creating effective health messages and rapidly identifying and adapting them to appropriate audiences (which are themselves rapidly changing) is essential to achieving the Healthy People 2010 goal of reducing health disparity within the US population.⁸

In response, social marketers have adapted commercial marketing for health purposes. Social marketing now uses commercial marketing techniques—such as analysing target audiences, identifying the objectives of targeted behaviour changes, tailoring messages, and adapting strategies like branding—to promote the adoption and maintenance of health behaviours. Key trends include the recognition that messages on health behaviour vary along a continuum from prevention to promotion and maintenance, as reflected by theories such as the "transtheoretical model"⁹; the need for unified message strategies and methods of measuring reactions and outcomes¹⁰; and competition between health messages and messages that promote unhealthy behaviour from product marketers and others.¹¹

Prevention versus promotion

Social marketing messages can aim to prevent risky health behaviour through education or the promotion of behavioural alternatives. Early anti-drug messages in the US sought to prevent, whereas the antismoking campaigns of the US Centers for Disease Control and Prevention and the American Legacy Foundation offered socially desirable lifestyle alternatives (be "cool" by not smoking).¹²⁻¹³ The challenge for social marketing is how best to compete against product advertisers with bigger budgets and more ways to reach consumers.

Competing for attention

Social marketing aimed at changing health behaviour encounters external and internal competition. Digital communications proffer countless unhealthy eating messages along with seductive lifestyle images associated with cigarette brands. Cable television, the web, and video games offer endless opportunities for comorbid behaviour. At the same time, product marketers add to the confusion by marketing "reduced risk" cigarettes or obscure benefits of foods (such as low salt content in foods high in saturated fat).

How is social marketing used to change health behaviour?

Social marketing uses behavioural, persuasion, and exposure theories to target changes in health risk behaviour. Social cognitive theory based on response consequences (of individual behaviour), observational learning, and behavioural modelling is widely used.¹⁴ Persuasion theory indicates that people must engage in message "elaboration" (developing favourable thoughts about a message's arguments) for long term persuasion to occur.³ Exposure theorists study how the intensity of and length of exposure to a message affects behaviour.¹⁰

Social marketers use theory to identify behavioural determinants that can be modified. For example, social marketing aimed at obesity might use behavioural

theory to identify connections between behavioural determinants of poor nutrition, such as eating habits within the family, availability of food with high calorie and low nutrient density (junk food) in the community, and the glamorisation of fast food in advertising. Social marketers use such factors to construct conceptual frameworks that model complex pathways from messages to changes in behaviour (fig 3).

In applying theory based conceptual models, social marketers again use commercial marketing strategies based on the marketing mix.² For example, they develop brands on the basis of health behaviour and lifestyles, as commercial marketers would with products. Targeted and tailored message strategies have been used in antismoking campaigns to build "brand equity"—a set of attributes that a consumer has for a product, service, or (in the case health campaigns) set of behaviours.¹³ Brands underlying the VERB campaign (which encourages young people to be physically active) and Truth campaigns were based on alternative healthy behaviours, marketed using socially appealing images that portrayed healthy lifestyles as preferable to junk food or fast food and cigarettes.^{14 15}

Can social marketing change health behaviour?

The best evidence that social marketing is effective comes from studies of mass communication campaigns. The lessons learned from these campaigns can be applied to other modes of communication, such as communication mediated by healthcare providers and interpersonal communication (for example, mass nutrition messages can be used in interactions between doctors and patients).

Social marketing campaigns can change health behaviour and behavioural mediators, but the effects are often small.⁵ For example, antismoking campaigns, such as the American Legacy Foundation's Truth campaign, can reduce the number of people who start smoking and progress to established smoking.¹⁶ From 1999 to 2002, the prevalence of smoking in young people in the US decreased from 25.3% to 18%, and the Truth campaign was responsible for about 22% of that decrease.¹⁶

This is a small effect by clinical standards, but it shows that social marketing can have a big impact at the population level. For example, if the number of

Summary points

Social marketing uses commercial marketing strategies such as audience segmentation and branding to change health behaviour

Social marketing is an effective way to change health behaviour in many areas of health risk

Doctors can reinforce these messages during their direct and indirect contact with patients

young people in the US was 40 million, 10.1 million would have smoked in 1999, and this would be reduced to 7.2 million by 2002. In this example, the Truth campaign would be responsible for nearly 640 000 young people not starting to smoke; this would result in millions of added life years and reductions in healthcare costs and other social costs.

In a study of 48 social marketing campaigns in the US based on the mass media, the average campaign accounted for about 9% of the favourable changes in health risk behaviour, but the results were variable.¹⁷ "Non-coercive" campaigns (those that simply delivered health information) accounted for about 5% of the observed variation.¹⁷

A study of 17 recent European health campaigns on a range of topics including promotion of testing for HIV, admissions for myocardial infarction, immunisations, and cancer screening also found small but positive effects.¹⁸ This study showed that behaviours that need to be changed once or only a few times are easier to promote than those that must be repeated and maintained over time.¹⁹ Some examples (such as breast feeding, taking vitamin A supplements, and switching to skimmed milk) have shown greater effect sizes, and they seem to have higher rates of success.^{19 20}

Implications for healthcare practitioners

This brief overview indicates that social marketing practices can be useful in healthcare practice. Firstly, during social marketing campaigns, such as antismoking campaigns, practitioners should reinforce media messages through brief counselling. Secondly, practitioners can make a valuable contribution by providing another communication channel to reach the target audience. Finally, because practitioners are a trusted source of health information, their reinforcement of social marketing messages adds value beyond the effects of mass communication.

Contributors and sources: WDE's research focuses on behaviour change and public education intervention programmes designed to communicate science based information. He has published extensively on the influence of the media on health behaviour, including the effects of social marketing on changes in behaviour. This article arose from his presentation at and discussions after a recent conference on diet and communication.

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Fig 3 Example of social marketing conceptual framework

1 Andreasen A. *Marketing social change*. San Francisco, CA: Jossey-Bass, 1995.

2 Borden N. The concept of the marketing mix. *J Advert Res* 1964;4:2-7.

3 Petty RE, Cacioppo JT. *Communication and persuasion: central and peripheral routes to attitude change*. New York: Springer-Verlag, 1986.

- 4 Backer TE, Rogers EM, Sonory P. *Designing health communication campaigns: what works?* Newbury Park, CA: Sage, 1992.
- 5 Hornik RC. *Public health communication: evidence for behavior change*. Mahwah, NJ: Erlbaum, 2002.
- 6 National Cancer Institute. *Making health communication programs work: a planner's guide*. Bethesda, MD: NCI, 2002.
- 7 Kreuter M, Farrell D, Olevitch L, Brennan L. *Tailored health messages: customizing communication with computer technology*. Mahwah, NJ: Erlbaum, 2000.
- 8 US Department of Health and Human Services. *Healthy people 2010: understanding and improving health*. 2nd ed. Washington, DC: US Government Printing Office, 2000.
- 9 Prochaska JO, DiClemente CC. Stages of change in the modification of problem behaviors. Newbury Park, CA: Sage, 1992.
- 10 PACT Agencies. PACT: positioning advertising copy testing. *J Advert* 1982;11:3-29.
- 11 Aaker D. *Building strong brands*. New York: Simon & Schuster, 1996.
- 12 Hornik R, Yanovitsky I. Using theory to design evaluations of communication campaigns: the case of the national youth anti-drug media campaign. *Commun Theory* 2003;13:204-24.
- 13 Evans D, Price S, Blahut S. Evaluating the truth™ brand. *J Health Commun* 2005;10:181-92.
- 14 Bandura A. *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall, 1986.
- 15 Huhman M, Heitzler C, Wong F. The VERB campaign logic model: a tool for planning and evaluation. *Prev Chronic Dis* 2004;1(3):A11.
- 16 Farrelly MC, Davis KC, Haviland ML, Messeri P, Heaton CG. Evidence of a dose-response relationship between "truth" antismoking ads and youth smoking. *Am J Public Health* 2005;95:425-31.
- 17 Snyder LB, Hamilton MA. Meta-analysis of U.S. health campaign effects on behavior: emphasize enforcement, exposure, and new information, and beware the secular trend. In: Hornik R, ed. *Public health communication: evidence for behavior change*. Hillsdale, NJ: Erlbaum, 2002:357-83.
- 18 Grilli R, Freemantle N, Minozzi S, Domenighetti G, Finer D. Mass media interventions: effects on health services utilization (Cochrane review). *Cochrane Library*. Issue 3. Oxford: Update Software, 2000:CD000389.
- 19 Snyder LB, Diop-Sidibé N, Badiane LA. Meta-analysis of the impact of family planning campaigns conducted by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. Presented at the International Communication Association annual meeting, San Diego: May 2003.
- 20 Hornik RC. Public health education and communication as policy instruments for bringing about changes in behavior. In: Goldberg M, Fishbein M, Middlestadt S, eds. *Social marketing*. Mahwah, NJ: Erlbaum, 1997:45-60.

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Putting social marketing into practice

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Social marketing is acquiring a familiar ring to people in the health sector. The UK government's recent public health white paper talks of the "power of social marketing" and "marketing tools applied to social good [being] used to build public awareness and change behaviour."¹ This has led to the formation of the National Social Marketing Centre for Excellence, a collaboration between the Department of Health and the National Consumer Council. The centre will develop the first social marketing strategy for health in England. Similarly, the Scottish Executive recently commissioned an investigation into how social marketing can be used to guide health improvement. Australia, New Zealand, Canada, and the United States all have social marketing facilities embedded high within their health services. Evans has outlined social marketing's basic precepts.² We develop some of these

ideas and suggest how social marketing can help doctors and other health professionals to do their jobs more effectively.

An old enemy and a new friend

Marketing has long been a force to be reckoned with in public health. In the hands of the tobacco, alcohol, and food industries it has had a well documented effect on our behaviour.³⁻⁶ In the case of tobacco companies this has culminated in extensive controls being placed on their marketing activities. Social marketing argues that we can borrow marketing ideas to promote healthy behaviour. If marketing can encourage us to buy a Ferrari, it can persuade us to drive it safely.

Marketing is based on a simple and unobtrusive idea: putting the consumer and the stakeholder at the heart of the business process. Whereas Henry Ford focused on selling what he could produce—any colour you want as long as it's black—modern marketers invert this rubric and produce what they can sell. This deceptively simple change has revolutionised commerce over the past 50 years, making Nike and Coca-Cola the behemoths they are. It has succeeded because, paradoxically, listening to consumers and taking care to understand their point of view makes it easier to influence their behaviour.

Social marketers argue that attempts to influence health behaviour should also start from an understanding of the people we want to do the changing. The task is to work out why they do what they do at present—their values and motivations—and use these to encourage healthy options.

Often the picture is much more complex than ignorance of the public health facts. Most people know, for instance, that smoking is dangerous or how their



Selling lifestyle

P+ A summary of the effect of social marketing in nutrition is on bmj.com

diet could be improved. They continue with unhealthy behaviour because they see some other benefit in doing so—relaxation, perhaps, or a treat. The secret for the social marketer is to devise a way of enabling them to get the same benefit more healthily. In this sense social marketing has a great deal in common with good, patient centred health care. The extensive health expertise of doctors and other health professionals is much more effectively deployed when combined with empathy for the patient. Ultimately, better health has to be a joint endeavour.

More than communication

To work at a population level, this consumer orientation has to be scaled up. Relevant health behaviours and target groups are identified, motivating interventions developed, and people told about them. The last often involves some form of communication campaign, but not always. Social marketing is sometimes seen as a synonym for media activity, but in fact this is only one of several possible tools; and these tools typically work much better in combination than in isolation.

The West of Scotland cancer awareness project is a case in point. It used television and other advertising to target low income groups and encourage people with symptoms of mouth or bowel cancer to present earlier (box). It was a huge success: the number of people presenting to the NHS increased, those who attended had symptoms, and more cancers were detected. But the advertising was only the visible tip of a much bigger iceberg of activity. In particular, the involvement of health professionals was crucial. They had to be convinced from the outset that the campaign would not put undue pressures on their services or simply generate a stampede by the worried well. They also had to gear up to cope with additional consultation work if and when the campaign succeeded. Above all, they had to deliver the all important service.

The case confirms that social marketing is much more than advertising; in this instance it was about providing a patient and stakeholder centred service that met a real and valued need. The advertising simply served to flag this up. It also shows that, with suitable planning and management of relationships, health professionals can have a key role in this success. The two codicils are vital; the project's success was completely dependent on the early and constructive involvement of health professionals.

Evidence of effectiveness

The Scottish cancer project is not an isolated case. Evidence of the effectiveness of social marketing is burgeoning. A recent systematic review showed how its principles have been applied successfully in nutrition—and especially among marginalised groups (see bmj.com).⁸ Other reviews have shown a similar capacity to tackle alcohol, tobacco, and drug use and encourage physical activity.^{9 10} In addition, in the North East of England social marketing has successfully encouraged general practitioners to prescribe sugar-free medicines and health visitors to recruit low income women to smoking cessation services.^{11 12}

West of Scotland cancer awareness project⁷

The project began in September 2002 and was implemented in five Scottish health board areas

It was designed to encourage people, particularly those in deprived communities, to present earlier with signs or symptoms of bowel or mouth cancer

In the early stages the project team collaborated with primary and secondary healthcare professionals to develop an integrated strategy for the campaign

Healthcare professionals worked closely with the project team to develop a clear and specific call to action

The public awareness campaign was supported by local implementation teams, which facilitated training, service planning, and other activities

Over 2000 general practitioners and other healthcare professionals attended training events designed to improve their understanding of the cancers, their symptoms, and their management

Knowledge and awareness of the cancers and their symptoms increased along with the number of patients presenting to the NHS

A high proportion of patients who were aware of the campaigns admitted that seeing them had encouraged them to seek advice more quickly (62% for bowel cancer and 68% for mouth cancer)

Those who attended had symptoms

For mouth cancer, one third of malignant conditions and nearly half of pre-malignant conditions were detected in people who came forward as a result of the campaign

Long term aims

Commercial marketers do not just want to define and satisfy our needs once, they want to do it again and again. Their aim is to build ongoing, mutually beneficial relationships with us. That is why they have invented loyalty cards and air miles and linked them up with evocative brands painstakingly developed over decades. Needless to say they do not do this out of kindness; they do it because it works. Keeping existing customers is cheaper and more profitable than winning new ones; satisfied customers readily come back for more and, most gratifyingly, they will even sell your product for you. A friend recommending a car or holiday is much more convincing than an advert.

Again, the thinking can be applied in health. Stop smoking services, for example, provide a valued benefit. Successful quitting is a tremendously important achievement for many smokers. At the moment these services put all the effort into the first six weeks, despite the fact that successful quitting is deemed to take 12 months. Then, whatever progress has been made, links are severed. This is a terrible waste.¹³

Let us think for a moment about the 15% of users who quit successfully. They will be delighted with both themselves and the service. Just suppose we did not lose interest in these people, but, like Tesco, gave them a loyalty card, kept in touch, and built relationships with them. They would persuade friends and family to use cessation services (they are living, breathing testimonials) and could be encouraged to think about

their other health behaviours. From a marketing point of view, there is an obvious opportunity to build on success. It comes back to the basic point of marketing—and indeed medicine—that progress is made by co-operation and partnership. The doctor has the medical expertise, but it is the patient's behaviour.

No man (or woman) is an island

That said, social context also has an important effect on our behaviour. The tobacco, food, and alcohol industries all put a great deal of effort into lobbying for favourable policy decisions. Over the past 30 years, for example, the tobacco industry has gone to great lengths to try to influence the decisions of the European Commission and met with some success.¹⁴ By the same token, some of the greatest improvements in public health come about through changes in policy rather than individual behaviour. Seat belt legislation, water fluoridation, and laws prohibiting smoking are obvious examples.

Social marketing and health professionals can also contribute here. At base, public policy and other upstream interventions are still a matter of behaviour change—it is just that the changing has to be done by stakeholders rather than individuals. The principles are identical: “stakeholder marketing” depends on learning more about the motivations and needs of, say, a cabinet minister and ensuring that the required change meets his or her needs. When the public health community in Ireland wanted the minister of health, Micheál Martin, to ban smoking in public places, it encouraged him by presenting a clear public health case for the move and always being on hand to answer difficult media questions and challenges from groups with vested interests. It also made certain that he got full and appropriate credit for his courageous stance. In short, it met his political needs.

Doctors and other health professionals can have a vital role here both by talking to patients about potential benefits of specific policies and thereby contributing to a groundswell for change and by approaching policy makers directly. Marketers talk about “source effect”—the tendency for the power of a message to vary depending not just on what is said but on who says it. The trust enjoyed by health professionals makes them a particularly powerful source.

Fighting back

For decades the health sector has watched as big companies have used marketing to wreak havoc on public health. Social marketing enables us to fight fire with fire. Ideas like patient orientation, multifaceted interventions, strategic planning, and stakeholder marketing provide a useful way of thinking about how to change behaviour. They also sit comfortably alongside current views on patient centred health care and reinforce the role of doctors and health professionals in health improvement. In short, social marketing can help you do what you currently do better. And it works.

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Summary points

Interest is growing in using social marketing as a framework for improving health

Social marketing is much more than advertising

The heart of the approach is understanding the needs and views of patients

Healthcare professionals have a crucial role in developing and implementing these projects

Social marketing has been shown to be effective in changing health behaviour

UK government on the use of social marketing in public health. LMCD has studied and reported widely on social marketing effectiveness for changing health behaviours. GH drafted the main text of the paper and is guarantor. LMCD commented on drafts of the paper and added case study and effectiveness data. Funding: GH's post is part funded by Cancer Research UK. Competing interests: None declared.

- 1 Department of Health. *Choosing health: making healthier choices easier*. London: Stationery Office, 2004.
- 2 Evans WD. What social marketing can do for you: How social marketing works in healthcare. *BMJ* 2006;332:1207-10.
- 3 Lovato C, Linn G, Stead LF, Best A. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane Database Syst Rev* 2003;(4):CD003439.
- 4 Hastings G, Anderson S, Cooke E, Gordon R. Alcohol marketing and young people's drinking: A review of the research. *J Public Health Policy* 2005;26:296-311.
- 5 Hastings GB, Stead M, McDermott L, Forsyth A, MacKintosh AM, Rayner M, et al. *Review of research on the effects of food promotion to children: final report and appendices*. www.food.gov.uk/multimedia/pdfs/foodpromotiontochildren1.pdf (accessed 5 May 2006).
- 6 McGinnis JM, Gootman JA, Kraak VI, eds. *Food marketing to children and youth: threat or opportunity?* Washington, DC: National Academies Press, 2006.
- 7 NHS Argyll and Clyde. *West of Scotland cancer awareness project 2002-2005: final report*. Paisley: NHS Argyll and Clyde, 2005.
- 8 McDermott L, Stead M, Hastings GB, Angus K, Banerjee S, Rayner M, et al. *A systematic review of the effectiveness of social marketing nutrition and food safety interventions: final report prepared for Safefood*. Stirling: University of Stirling, Institute for Social Marketing, 2005.
- 9 Stead M, McDermott L, Gordon R, Angus K, Hastings G. *A review of the effectiveness of social marketing alcohol, tobacco and substance misuse interventions*. London: National Social Marketing Centre for Excellence, 2006.
- 10 Gordon R, McDermott L, Stead M, Angus K, Hastings G. *A review of the effectiveness of social marketing physical activity interventions*. London: National Social Marketing Centre for Excellence, 2006.
- 11 Lowry R, Hardy S, Jordan C, Wayman G. Using social marketing to increase recruitment of pregnant smokers to smoking cessation service: a success story. *Public Health* 2004;118:239-43.
- 12 Maguire A, Evans DJ, Rugg-Gunn AJ, Butler TJ. Evaluation of a sugar-free medicines campaign in North East England: quantitative analysis of medicines use. *Community Dental Health* 1999;16:138-44.
- 13 Hastings GB, McLean N. Social marketing, smoking cessation and inequalities. *Addiction* 2006;101:303-4.
- 14 Hastings G, Angus K. The influence of the tobacco industry on European tobacco-control policy. In: ASPECT Consortium, eds. *Tobacco or health in the European union past, present and future*. Luxembourg: Office for Official Publications of the European Communities, 2004.

Endpiece

Optimistic lies

Optimistic lies have such immense therapeutic value that a doctor who cannot tell them convincingly has mistaken his profession.

George Bernard Shaw. Preface to *Misalliance*, 1914.

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